

INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>		
<b>O.I.P.E. CLASSIFIER</b>		6 2-23-01
<b>FORMALITY REVIEW</b>		
<b>RESPONSE FORMALITY REVIEW</b>		

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral)... Canceled A Appeal  
 ÷ Restricted 0 Objected

Claim	Date
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Original 2	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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